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## BIB DATA SHEET

CONFIRMATION NO. 7510

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/782,902	02/23/2004	705	3626	03191.000100		
<b>APPLICANTS</b> Max Stanford Tomlinson JR., Thousand Oaks, CA; Tsuneo Imai, Irvine, CA; Stanley D. Shapiro, Los Angeles, CA; Richard Bennett, San Rafael, CA; C. Mike Tomlinson, Thousand Oaks, CA; Alexander Joffe, Thousand Oaks, CA;						
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/13/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /DILEK B Acknowledged COBANOGU/ Examiner's Signature		<input type="checkbox"/> Met after Allowance DBC Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 UNITED STATES						
<b>TITLE</b> Method for payer access to medical image data						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		